

Plan Comparison prepared for the Hawaii Employer-Union Health Benefit Trust Fund

<u>MEDICAL</u> Plan Design	HMSA		Health Fund	Employee Organization Plans							
	>100 EE PPO	<100 EE PPO	Base/MM	PPO	PPO	CMM	Base/MM	Base/MM	CMM	CMM	CMM
Deductible	\$100 for "other services"	None	\$250 MM	\$100 for "other services"	\$100 for "other services"	None	\$250 MM	\$250 MM	None	None	None
Copayment Max.	\$2,500/\$7,500	\$2,500/\$7,500	\$2000/person	\$2,000/\$6,000	\$1,500/\$4,500	None	\$2,500/person	\$1,000/\$3,000	None	\$500/person	None
Lifetime Max.	\$1,000,000	Unlimited	Unlimited Basic / \$250,000 MM	\$2,000,000	\$1,000,000	None	Unlimited Basic / \$250,000 MM	Unlimited Basic / \$250,000 MM	\$50,000 Annual Max	\$2,000,000	\$50,000 Annual Max
Member Copay											
Office Visit	10%	10%	20%	10%	10%	15%	\$10	20%	30%	20%	30%
Lab/X-Ray	10%	10%	20%	20%	20%	15%	20%	20%	30%	20%	30%
Hospital	10%	10%	0	0	0	10%	0	0	30%	0	30%
<u>DRUG</u>											
Formulary	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
Member Copay						Plan Pays					
Generic	\$5	\$5	\$5	\$5	\$4	\$5	\$5	\$3	\$4	\$4	\$4
Formulary Brand	\$10	\$15	\$15	\$12	\$12	\$15	\$15	\$10	\$12	\$12	\$12
Other Brand	\$10+	\$15+	\$30	\$12+	\$12	\$15	\$15+	\$10	\$12	\$12	\$12
<u>VISION</u>											
Member Copay						Plan Pays			Plan Pays	Plan Pays	Plan Pays
Exam	\$10	\$10				\$35	\$10		\$35	80%	\$35
Lenses	\$10	\$10				\$30/\$55	\$10		\$45/\$55	\$70/\$90*	\$75/\$85*
Frames	\$15	\$15				\$30	\$15		\$30	\$35	\$30
Contacts	\$25	\$25				\$85	\$25		\$85	\$65	\$85

*includes frames